



Saucon Valley School District

Polk Valley Road
Hellertown PA 18055-2400
ELEM / MS Fax (610) 838-7473 HS FAX (610) 838-5479

TAKE YOUR CHILD TO WORK DAY

STUDENT: _____ GRADE: _____

SCHOOL: _____

HOMEROOM TEACHER: _____

Your request for your child to visit your place of employment has been approved. Please have a representative from your company complete the portion below. Your child should return the completed form to the attendance office following the visit.

This form will allow the educational visit to be recorded as an excused absence.

_____ visited his/her parent's place of
Student Name

Employment on _____ from _____ to _____.
Date Time Time

Company Representative

Title

Company Name

Telephone Number